9: Wilson E-5 (1934-1955) 1959
FN17 Ngonde FN17
Nyakyusa

learn to read and write. In BuNyakyusa none of these village teachers was qualified and none received Government grants; they taught only the three R's in the vernacular and gave religious instruction. In Ngonde, however, some of them were qualified. Besides the village schools there were by 1935 central schools at mission stations, organized by the missions, and some of them drawing Government grants, which took children up to Standard IV; and at Rungwe and Kondowe (Livingstonia) just south of Ngonde, there were mission boarding schools, giving further education and (at Kondowe) training teachers, evangelists, and ministers. The policy of different missions regarding education varied; the Church of Scotland missionaries believed in it wholeheartedly and achieved a relatively high standard in their village schools; but the Lutherans were doubtful how far it was the function of a Church to give anything except religious instruction, and in their village schools children barely learnt to read. Opinion among the Moravians was divided. But despite these differences, all the missions have, in fact, played a great part in education. The first step—the reduction of the language to writing—was the work of the missionaries alone, and village schools have been very closely linked with congregations because, whatever their views on education in general, Protestant missionaries were agreed that to read the Gospels is the making of a Christian, and so literacy is usually required of candidates for baptism. Hence, the same man is often both teacher and elder, and the German missionaries who questioned the value of education laid the foundation of Nyakyusa literature with an admirable translation of the New Testament.

The missions have also been concerned with medical work. From before 1914 there has been a hospital run by the Lutheran mission at Itete, and one run by the Church of Scotland at Kondowe and, for a period, a large leper-settlement was run by the White Fathers at Mwakete. Medical activities are not directly the concern of congregations but Christian women are often drawn in as voluntary helpers in one way or another. In Kabembe the women deacons drew water for the sick and prepared food for a newly confined mother; at Karonga the women's association of the Church made clothes to be distributed through the babies' clinic, and so forth.

The congregations are not wholly self-supporting—the European missionaries are all paid from overseas and, until the middle thirties, funds for paying village teachers and evangelists were